



LAND DEVELOPMENT APPLICATION

Type of Application (check appropriate box) Date Received (Stamp)

- ☐ No Adverse Impact Certification
☐ Preliminary Development Plan (PDP)
☐ Extension of PDP Approval
☐ Final Development Plan
☐ Preliminary / Final Development Plan
☐ Traffic Study
☐ Capital Improvement Project
☐ Minor Revisions to Approved Plan
- ☐ Preliminary Subdivision Plat (PSP)
☐ Construction Drawings
☐ Extension of PSP Approval.
☐ Rough Grading Plan
☐ Final Plat
☐ Plat of Correction
☐ Easement Plat
☐ Boundary Line Adjustment
☐ Boundary Line Vacation.
- ☐ Floodplain Study
☐ DCSM Modification
☐ Variation Request
☐ Rezoning
☐ Concept Plan Amendment
☐ Proffer Amendment
☐ Town Plan Amendment
☐ Special Exception
☐ Commission Permit

Applicant Information (type or print)

Owner(s) _____ Telephone: _____

Contact: _____ Fax : _____

Address: _____ Email (optional) _____

Applicant: _____ Telephone: _____

Contact: _____ Fax: _____

Address: _____ Email (optional) _____

Consultant: _____ Telephone: _____

Contact: _____ Fax: _____

Address: _____ Email (optional) _____

ESI Member Firm: ☐ YES : ☐ NO

Correspondence to be sent to: ☐ owner; ☐ applicant; ☐ consultant; ☐ other _____

Existing Conditions

Site Acreage: _____

MCPI#’s

Map

xy coord

cell

sublot

Zoning: _____

Land Use: _____

LCTM #(s)

Check Appropriate Box

map

insert

(())

Block

lot

ext

☐ within Historic District

☐ includes 100-year floodplain

☐ within H-2 Corridor

☐ includes wetlands

☐ proffered conditions

Project Description

Brief Description: _____

Project Name: _____

Number of Lots and/or Units : _____ Use(s) _____

Floor Area (Sq. Ft.): _____ Related Applications: _____

Signature

I have read this completed application and understand its intent. The information provided is accurate to the best of my knowledge. I understand that the Town of Leesburg may deny, approve, or approve with conditions this application. Furthermore, I grant permission to members of the Town of Leesburg staff and their agents to enter the subject property and conduct investigations necessary to evaluate this application.

Owner(s) Signature: _____

Date: _____

Applicant(s) Signature: _____

Date: _____

Receipt and Acceptance

Fee Received: _____ / _____

Application Submitted: _____ / _____

Amount

Date

Date

Initials